



# NORFOLK

*Department of Human Resources*

## AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Any Doctor, Physician, Psychologist, Dentist, Hospital, Nursing Home, or Medical Association.

U. S. Armed Forces, Maritime Service, or Veterans Association

Any Academic Dean, Registrar, Principal, Guidance Counselor, or Authorized Person at any School, College, University, Business School, Trade School, High School, Middle School, or Elementary School.

Any Local, State, or Federal Law Enforcement Agency

Any Past or Present Employer

Credit Bureau or Retail Merchants Association

U. S. Selective Service System

I, \_\_\_\_\_ Address: \_\_\_\_\_  
have applied for employment with the \_\_\_\_\_ of the City of Norfolk, Virginia.  
I am aware that my entire background is to be thoroughly investigated. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) to the Municipal Service Investigator or his/her representative upon presentation of this release or copy thereof.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Given under my hand, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

State of \_\_\_\_\_

City of \_\_\_\_\_, TO WIT:

This day, \_\_\_\_\_, did personally appeared before me  
and acknowledged his/her signature to the above statement.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature  
(Seal Requested)

My commission expires: \_\_\_\_\_